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**SCULLY, SCOTT, MURPHY  
& PRESSER****Fax****RECEIVED  
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**To:** Examiner: Tom Y. Lu  
GROUP ART UNIT: 2621  
Confirmation No. 5806  
(703) 872-9306

**From:** John S. Sensny, Esq.

**OFFICIAL**

**Fax:** **Pages** 15 including fax cover sheet

**Phone:** **Date:** March 31, 2004

**Re:** Re: Edward W. Conrad, et al.  
U.S. Patent Appln. No. 09/512,570  
Group Art Unit: 2621  
Our Docket: BUR919990152 (12769)

**CC:**

**Amendment under 37 C.F.R. §1.111**

Transmitted herewith are the following:

1. Amendment Transmittal Letter (in duplicate);
2. Amendment under 37 C.F.R. §1.111; AND
3. Certificate of Transmision by Facsimile, dated March 31, 2004 (in duplicate)

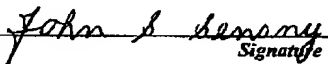
For:

Applicants: Edward W. Conrad, et al.  
U.S. Patent Appln. No.: 09/512,570  
Our Docket: BUR919990152 (12769)  
Dated: March 31, 2004

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> BUR919990152US1(12769)	
<b>Applicant(s):</b> Edward W. Conrad, et al.					
<b>Serial No.</b> 09/512,570	<b>Filing Date</b> February 24, 2000	<b>Examiner</b> Tom Y. Lu	<b>Group Art Unit</b> 2621		
<b>Invention:</b> METHOD FOR MEASUREMENT OF FULL-TWO DIMENSIONAL SUBMICRON SHAPES					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
<b>TOTAL CLAIMS</b>	18 -	20 =	0 x	\$18.00	\$0.00
<b>INDEP. CLAIMS</b>	3 -	3 =	0 x	\$84.00	\$0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0456/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <b>John S. Sensny</b> <b>Registration No.: 28,757</b>			<b>Dated: March 31, 2004</b>		
<b>Scully, Scott, Murphy &amp; Presser</b> <b>400 Garden City Plaza</b> <b>Garden City, New York 11530</b> <b>(516)742-4343</b>			<div style="border: 1px solid black; padding: 5px;"><p>certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>_____ <i>Signature of Person Mailing Correspondence</i></p><p>_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div>		
<b>cc: JSS:jy</b>					

P11LARGE/REV08